

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT

Nichols 466520
(Last Name) (Identification Number)Robby Leon
(First Name) (Middle Name)Harrison County
(Institution)H.C.J. 4506 Marland St Unit 15 Bossier City LA 71111
(Address)(Enter above the full name of the plaintiff, prisoner, and address
plaintiff in this action)

10451 Larkin Smith Dr Gulfport MS 39501

v.

CIVIL ACTION NUMBER: 1:25cv82 TBM-RPM

(to be completed by the Court)

Harrison County

Michael Lewis

(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes () No (✓)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)
- Parties to the action: _____
 - Court (if federal court, name the district; if state court, name the county): _____
 - Docket Number: _____
 - Name of judge to whom case was assigned: _____
 - Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): _____

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Robby L Nichols Prisoner Number: 235519
 Address: Harrison County Jail 4506 Marland St,
Unit 15 Bossier City, LA 71111 -
10451 Larkin Smith Dr. Gulfport MS 39501

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: Harrison County / Michael Lewis is employed as
Harrison County Jail - inmate at BD Zone 125

The plaintiff is responsible for providing the court the name and address of each plaintiff(s) as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Robby L. Nichols ADDRESS: Harrison County Jail 4506 Marland
St, Unit 15, Bossier City, LA 71111

DEFENDANT(S):

NAME: Harrison County Jail ADDRESS: Harrison County Jail 4506 Marland
St, Unit 15, Bossier City, LA 71111
Michael Lewis
Harrison County Jail 4506 Marland
St, Unit 15, Bossier City, LA 71111

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes (✓) No ()

B. Are you presently incarcerated for a parole or probation violation?

Yes (✓) No ()

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (✓) No ()

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes (✓) No ()

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes () No (✓), if so, state the results of the procedure: _____

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?

Yes () No ()

2. State how your claims were presented (written request, verbal request, request for forms): _____

3. State the date your claims were presented: _____

4. State the result of the procedure: _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

I Robby Nichols went for help in Suicide Watch and they put me in a cell 125 with Michael Lewis and it Monday 10, 2025 I was asleep around 5:45pm or somewhere around there I was asleep and I woke up with Michael Lewis sucking my penis and I throw him off me and I told the C.O Nel and the L.T Waltman and he told my story and then they took my blood two day later and Investigator recorded me my statements and Michael ment to him doing it on they didnt do anything about it and they have NO Camra in the cells. RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

To Push Charges on Michael Lewis and to win and fight for my rights and to get Paid for my law suit agast Harrison County Jail for not doing there job.

Signed this 19 day of March, 2025

Robby Nichols
Harrison County Jail
4506 Mariend St Unit 15 Bossier
Signature of plaintiff, prisoner number and address of
plaintiff City, LA 71111 - 466520

I declare under penalty of perjury that the foregoing is true and correct.

March 19, 2025
(Date)

Robby Nichols
Signature of plaintiff